

Mississippi Secretary of State
700 North Street P. O. Box 136, Jackson, MS 39205-0136

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME Division of Medicaid		CONTACT PERSON Emily Thompson	TELEPHONE NUMBER 601-359-4122	
ADDRESS 550 High Street, Suite 1000		CITY Jackson	STATE MS	ZIP 39201
EMAIL emily.thompson@medicaid.ms.gov	DATE	Name or number of rule(s): SPA 2010-028		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: The MS Division of Medicaid Inpatient Hospital Reimbursement Plan requires that hospital inpatient payment rates be rebased effective October 1, 2010. The current State Plan uses Metropolitan Statistical Areas (MSAs) to apply the wage index adjustment to the labor portion of the operating component. The Office of Budget and Management (OMB) announced new standards, and the use of MSAs was changed to Core-based Statistical Areas (CBSAs) as published in the August 11, 2004, Federal Register. Hospital SPA 2010-028 proposes to use MSAs for rate periods through September 30, 2011, and CBSAs for rate periods beginning October 1, 2011, forward.

Specific legal authority authorizing the promulgation of rule: Miss Code Ann. §43-13-121 (1972) as amended

List all rules repealed, amended, or suspended by the proposed rule: Attachment 4.19 – A: pages 1, 10, thru 14, 20 thru 26, 26a, 26b, 26c, 26d, 26e, 26f, 26g, 26h, 26i, 26j, 26k; Deleted page 12a (text was placed on page 12)

ORAL PROCEEDING:

☒ An oral proceeding is scheduled for this rule on Date: 11-17-10 Time: 9:00 AM Place: 120 South State St. Jackson, MS 39201

☐ Presently, an oral proceeding is not scheduled on this rule.

If an oral proceeding is not scheduled, an oral proceeding must be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) or more persons. The written request should be submitted to the agency contact person at the above address within twenty (20) days after the filing of this notice of proposed rule adoption and should include the name, address, email address, and telephone number of the person(s) making the request; and, if you are an agent or attorney, the name, address, email address, and telephone number of the party or parties you represent. At any time within the twenty-five (25) day public comment period, written submissions including arguments, data, and views on the proposed rule/amendment/repeal may be submitted to the filing agency.

ECONOMIC IMPACT STATEMENT:

☒ Economic impact statement not required for this rule. ☐ Concise summary of economic impact statement attached.

TEMPORARY RULES	PROPOSED ACTION ON RULES	FINAL ACTION ON RULES
<input type="checkbox"/> Original filing <input type="checkbox"/> Renewal of effectiveness To be in effect in _____ days Effective date: <input type="checkbox"/> Immediately upon filing <input type="checkbox"/> Other (specify): _____	Action proposed: <input type="checkbox"/> New rule(s) <input type="checkbox"/> Amendment to existing rule(s) <input type="checkbox"/> Repeal of existing rule(s) <input type="checkbox"/> Adoption by reference Proposed final effective date: <input type="checkbox"/> 30 days after filing <input checked="" type="checkbox"/> Other (specify): <u>October 1, 2011</u>	Date Proposed Rule Filed: _____ Action taken: <input type="checkbox"/> Adopted with no changes in text <input type="checkbox"/> Adopted with changes <input type="checkbox"/> Adopted by reference <input type="checkbox"/> Withdrawn <input type="checkbox"/> Repeal adopted as proposed Effective date: <input type="checkbox"/> 30 days after filing <input type="checkbox"/> Other (specify): _____

Printed name and Title of person authorized to file rules: Robert L. Robinson, Executive Director

Signature of person authorized to file rules: _____

OFFICIAL FILING STAMP	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP	OFFICIAL FILING STAMP
<div style="border: 1px solid black; height: 100px; width: 100%;"></div> Accepted for filing by _____	<div style="border: 1px solid black; padding: 10px; text-align: center;">  </div> Accepted for filing by <u>CB</u>	<div style="border: 1px solid black; height: 100px; width: 100%;"></div> Accepted for filing by _____

The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.



STATE OF MISSISSIPPI
OFFICE OF THE GOVERNOR
DIVISION OF MEDICAID
DR. ROBERT L. ROBINSON
EXECUTIVE DIRECTOR

MEMORANDUM

To: Secretary of State Regulation and Enforcement
From: Emily Thompson
Date: October 27, 2010
Re: Notice of Oral Proceeding

Message:

The Division of Medicaid will be holding an oral proceeding in response to requests received regarding the filing of SPA 2010-028. Anyone who would like an opportunity to address the panel must notify the Division of Medicaid in advance. Please see the oral proceeding details below.

When: Wednesday, November 17, 2010
Time: 9:00 a.m.
Where: Mississippi War Memorial
120 South State Street
Jackson, MS 39201

If you need anything else, please call me at 601-359-4122.